PART B - FEE(S) TRANSMITTAL

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		· Striff	Paul Teng		······································	(Depositor's name)	
•			RADDINA OF	tand	-time		(Signature)
				January	14,0	2008	(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED INVEN		itor J	ATTOR	NEY DOCKET NO.	CONFIRMATION NO.
10/564,249	01/11/2006		ki 61/1:	//2008 AT	1141/75707 RINHI 99279916 (8021	
10/564,249 01/11/2006 Shouichi Miyawaki 61/17/2008 ATRINHI 00300016 033125 10554249 TITLE OF INVENTION: MAGNETIC RESONANCE IMAGING METHOD AND SYSTEM—APPARATUS 01 FC:1501 1440.00 OP 02 FC:1504 300.00 OP 23 FC:8001 15.00 DA							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	DUE PREV. PAID ISS	UE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0		\$1740	02/01/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS	3			
. VAUGHN, MEGANN E		2859	324-320000				1
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) 							
Hitachi Med	ical Corporat	Tokyo,	Japan				
Please check the appropriate assignce category or categories (will not be printed on the patent):							
4a. The following fec(s) are submitted: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies 5. Change in Entity Status (from status indicated above)			Ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03-3125 (enclose an extra copy of this form).				
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
NOTE: The Issue Fee and interest as shown by the re	Publication Fee (if req	uired) will not be accepted	d from anyone other th				
Authorized Signature _	faul ten	ug ug		Date		4 14, 2008	3
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